

Taking the Next Steps: What can you do by next Thursday? What do you want to do next year?



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Next year

Not a Provider? What are your next steps?

1. Non-provider: Who are the providers in your area caring for kids and families? Have you connected with them?
2. Community agency: How easy is it for health providers to send families to you for help? Is there any communication back to them?
3. Policy person: As you think about policy or systems, are you reaching out to get feedback from health providers caring for kids? Are they involved?
4. Family: Is your provider (or child's provider) open to your input, particularly around screening for social determinants of health?
5. Was there an "aha" moment from today?

Improvement Strategies for Change



Practice name here: _____ Date completed: _____

Strategies to Improve Food Insecurity Screening and Referral Process

Following are strategies that healthcare professionals and practices can use to improve office systems to improve their food insecurity screening rates. Read each idea and check the response as it applies to your practice:

- 1- ...not done
- 2- ...inconsistently done (less than 75% of the time)
- 3- ...consistently done (75% of the time or more)
- 4- ...consistently done and based on best practice recommendations

Strategy	Supports MOC Measure	1 Not done	2 Inconsistently done (less than 75% of the time)	3 Consistently done (75% of the time or more)	4 Consistently done and based on best practice
Validated food insecurity screening tools & processes					
We have selected a structured validated food insecurity screening tool to use in our practice. If tool selected, please name: _____	5A				
We have implemented structured food insecurity screening processes with parents/caregivers at well visits, as per the Bright Futures (BF) recommended schedule (Psychosocial/Behavioral Assessment at every visit should be family-centered and may include social determinants of health).	5, 5A				
We have implemented structured food insecurity screening processes at other visits if able/appropriate.	n/a				
We have implemented structured food insecurity screening with adolescents.	5, 5A				
Our practitioners and staff have training to accurately administer and score the screening tool.	5A				
We have identified and assigned roles/responsibilities related to the screening process across the practice (team-based approach).	5, 5A				
We have appropriate processes in place to support parental/caregiver food insecurity screening for families with limited English proficiency, or varying cultural norms/expectations related to food insecurity/nutrition/food program assistance.	5, 5A				
We have a way to identify and track children/families/caregivers in need of screening.	6				
We have an agreed upon and consistent place to document the screening results in the medical record.	5, 5A, 6				



Practice name here: _____ Date completed: _____

Strategies to Improve Parental Depression Screening and Referral Process

Following are strategies that healthcare professionals and practices can use to improve office systems to improve their parental depression screening rates. Read each idea and check the response as it applies to your practice:

- 1- ...not done
- 2- ...inconsistently done (less than 75% of the time)
- 3- ...consistently done (75% of the time or more)
- 4- ...consistently done and based on best practice recommendations

Strategy	MOC	1 Not done	2 Done less than 75% of the time	3 Consistently done (75% of the time or more)	4 Consistently done and based on best practice
Validated parental depression screening tools & processes					
We have selected structured validated parental/caregiver depression screening tool(s) to use in our practice. If tool(s) selected, please name: _____	1A				
We have implemented structured post-partum depression screening processes at well visits, as per the Bright Futures (BF) recommended schedule (1, 2, 4, and 6-month visits).	1A				
We have implemented structured post-partum depression screening processes beyond the 6 month visit and up to 12 months.	3, 3A				
We have implemented structured depression screening processes to include both parents, guardians, foster parents, and other caregivers (USPSTF recommendation).	1,1A, 3, 3A				
We implement parental/caregiver screening at other well visits (beyond the 1-year visit).	n/a				
Our practitioners and staff have training to accurately administer and score the screening tool(s).	1,3				
We have an agreed upon and consistent place to document the screening results in the medical record.	1,3, 1B,3B				
We have identified and assigned roles/responsibilities related to the screening process across the practice (team-based approach).	1,3				
We have appropriate processes in place to support parental/caregiver depression screening for families with low literacy, limited English proficiency, or varying cultural norms/expectations related to mental health.	1,3				
We have a way to identify and track children whose parent, caregiver needs and is eligible for screening (panel management).	1B,3B				
We have coding and billing processes in place to reflect screening done at specific time intervals.	1,1B, 3,3B				
We have information visible in our office or an office atmosphere that discusses and destigmatizes parental mental health and its importance.	n/a				

Questions to get started

- 1. What are you choosing: Food insecurity vs depression vs both topics?**
- 2. Do you have a screening tool yet?**
 - If Yes —> do you like it or do you want to change to a different tools?
 - If No —> Pick one?
 - If you can't pick, what information do you need to gather in the next 2 weeks to decide on a tool?
- 3. How will you respond to a positive screen?**
 - Do you have a plan? What is it?
 - What about your plan needs to change?
- 4. Who are some people you want to connect with to improve your process with this?**

Thank you!